

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599214

FILING DATE

09-22-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1			1		
6	1	1		1		
7	1			1		
8	1	1		1		
9	1			1		
10	1	1		1		
11	1			1		
12	1	1		1		
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18	1	1		1		
19	1			1		
20	1	1	1			
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22	1	1		1		
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49						
50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	26		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						